necessary mutilation. Dare I suggest that a large part of the enthusiasm for this operation is related to the fee paid for it. In this context, all discerning physicians had best ask themselves whether it is likely that Nature, whose approach to such problems is normally both wise and pragmatic, would permit every normal male child to be born into this world with a useless appendage, the presence of which, according to Drs. Gavin and Persky, almost inevitably leads to serious consequences including death. In general functionless organs and appendages become rudimentary; the foreskin persists in a substantial and tangible form. It is necessary only to point out that the foreskin serves an essential sexual function; coitus without a prepuce is analogous to a color blind person viewing a Cezanne or Renoir painting.

I would also like to point out that I am not a thoracic surgeon but a chest physician, however, this error does not particularly distress me. Intelligence and the practice of chest surgery are not incompatible! The not too subtly disguised innuendo behind Dr. Garvin's and Persky's opening remarks in which they call attention to my presumed specialty, implies that urologists, and they alone, are qualified to have an opinion on this subject. Elsewhere I have pointed out that one does not have to be a criminal before one is allowed an opinion on crime.[5] Finally, I would like to comment on one particular sentence which reads "If circumcision was without merit and a mere ritualistic procedure it is our opinion that the custom would have perished centuries ago. Whatever its origin of purpose it has been a custom followed in all parts of the world." I suppose if one chooses to ignore China, India, Russia, South America and most of Europe, then there is an element of truth in this statement. It is necessary only to point out that in the more civilized countries of the world, "pilfering the prepuce" is becoming increasingly infrequent. I do not doubt that in time this mutilation will suffer the same fate here.

WILLIAM KEITH C. MORGAN, M.D.
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LITERATURE CITED

1. GAIRDNER, D. Brit. Med. J., 2:1433, 1949.
2. MARSHALL, V. F. Med. Rec. Ann., 48:790, 1954.
3. WOLBARST, A. L. Lancet, 1:150-153, 1932.
4. LILIENFELD, A. M. and S. J. GRAHAM. J. Nat. Cancer Inst., 21:713, 1958.
5. Correspondence, J.A.M.A., 194:309-311, 1955.
6. JONES, E. G. et al. Am. J. Obstet. & Gynec., 76:1, 1958.
7. BOYD, J. T. and R. DOLL. Brit. J. Cancer, 18:419, 1964.
8. STERN, E. and W. J. DIXON. Cancer, 14:153, 1961.
9. AITKEN-SWAN, J. and D. BAIRD. Brit. J. Cancer, 19: 217, 1965.
10. KHANOLKAR, V. R. Acta Un. Int. Cancr., 6:881, 1950.

REPLY TO DR. MORGAN

We are writing regarding the letter of Dr. Morgan, "Protest on Pilfering the Prepuce," which was written concerning our recent article, "Is Circumcision Justified in Infancy?" (J.N.M.A., July 1966).

We appreciate Dr. Morgan's comments. We apologize for mislabeling him a chest surgeon. Our intent was not to engage in polemics, name calling, or challenge his right to have an opinion regarding the merits or lack of merit attending circumcision. Nevertheless, we do feel that years of urological experience also permit the expression of an opinion contrary to his. The problems which are engendered by the prepuce which "persists in a very substantial and tangible form" are not easily dismissed or forgotten. Unfortunately, we cannot select those males who will or will not have later trouble. Circumcision eliminates the need for further concern, and as yet, no one has complained that sexual inadequacy stemmed from the procedure. Numbers and statistics are meaningless to the person who does develop carcinoma. Although the surgery is admittedly simple and direct, the effects of it are devastating to the subject. Moreover, we still see the occasional patient dying from the disease on our wards.

Our conclusions are further justified by a report of Dr. Harold L. Stewart, a National Cancer Institute pathologist, who told the Canadian Cancer Research Conference in Honey Harbor, Ontario: "One prime example of ethnic pathology can be found in cancer of uterine cervix. Its incidence is low in Jewish women everywhere. In both Israel and New York City, the rates are virtually identical—less than 5 per 100,000 population. In New York City, the rate among non-Jewish white women is three times higher than that among Jewish women. In Negro women it is ten times higher." Jewish males are circumcised in infancy.

"Similarly, cancer of the penis, exceedingly uncommon in whites in Canada and the U.S. and virtually unknown among circumcised Jews, is found frequently among Indians of Paraguay and among Asians in Cambodia, Laos, and Viet Nam. Redundant foreskin, phimosis, lack of hygiene and an accumulation of smegma beneath the foreskin have been incriminated."

CHARLES H. GARVIN, M.D.
LESTER PERSKY, M.D.
Cleveland, Ohio

ADDITIONAL COMMENT ON CIRCUMCISION

Oct. 4, 1966.

Dear Dr. Garvin:

Many thanks for the reprint of your very erudite paper on circumcision published in the Journal of National Medical Assoc. of July, 1966. You and Dr. Persky are to be congratulated on the very thorough and interesting way in which you presented the evidence in favor of circumcision.

It is surprising that despite all the definite benefits you and others have brought forth, some editors still persist in publishing inane emotional papers like "The Rape of the Phallus" with all their distortions and half truths and then scarily publicized in the lay press.

During my service in World War I as chief for a

time of G.U. Surgery at Base Hospital No. 1, Fort Sam Houston, I was impressed by the large number of soldiers who had eagerly applied for circumcision. Apparently, many of them, otherwise ignorant, realizing that the procedure would spare them from various venereal diseases, seemed more observant than some of our brilliant scientists who still believe that 'soap and water' alone (often not available during the heat of sexual excitement) is a sufficient prophylactic against cancer and other venereal infections. Whereas 'soap and water' may be helpful for the externally exposed organs like the penis, cervix, vulva and vagina, it has no direct influence on the prostate which is an internal organ, yet vulnerable to ascending venereal infections.

It was my long experience with prostatic cancer in Jews that led me 25 years ago to the concept that G.U. cancers are produced by a transmissible smegma virus. This idea seems recently to have been corroborated by Drs. Tannenbaum and Lattimer's finding of viruses in prostatic cancer and the report by Dr. DiVirgilio et al. of viruses in cervical cancer (Amer. J. Obst. & Gyn. Oct. 15/65).

I am enclosing a reprint of a paper published in the Jap. Urol. Journ. at the editor's personal request, yet refused by the J.A.M.A. after its presentation before the A.M.A. Sect. on Preventive Medicine in June 1964.

Very sincerely yours,

(Signed) ABRAHAM RAVICH, M.D.
160 E. 88th St.,
New York, N. Y. 10028

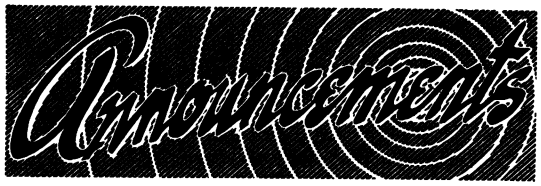
WHAT IS THE CORRECT FORM OF AN OBITUARY?

Death periodically claims one of our scientists, collaborators or professors. This "friend of humanity" is shortly thereafter described in a scholarly journal with a brief enumeration of his personality in such a bland fashion that it could fit any one of us following our demise.

We are more frequently addled by this loss of a colleague in science than we care to admit. We have become increasingly disturbed in recent years by the manner, hurried and otherwise, by which such events are handled. The obituaries of recent scientists in various journals have caused much distress among survivors for many such notices do not reveal the nature of the deceased as an individual, educator, scientist or remark about his personal philosophy. Frankly speaking, some obituaries are written by well known, but distant friends or a departmental competitive colleague that surely must distress the departed soul. Friends of deceased scientists have been unable to identify their colleague when I interchanged names and obituaries as a "guess who" game and the number of correct identifications was distressfully low.

What meaning, impression, summary or principles should an obituary convey? And should it be limited to *250* words as another abstract? Certainly, as our "last publication" or obituary should be a properly chiseled monument in the cemetery of literature which survey should reveal the true nature and guiding viewpoints as the "end of the man on earth" while "his works live on."

JOHN C. BARTONE, Ph.D.
Department of Anatomy
Howard University



REHABILITATION MEDICINE

Residencies and Fellowships in Physical Medicine and Rehabilitation approved for full three-year program are available July 1, 1967; this comprehensive training program at a teaching hospital with medical school affiliation is under the supervision of six full-time physicians; it provides clinical training in the management of children and adults with neuromuscular and skeletal disorders; clinical and research experience are provided in special areas such as: cardiopulmonary rehabilitation, electro-diagnosis and hearing and speech units with the division.

Write: JEROME S. TOBIS, M.D. 111 East 210th Street
Bronx, New York 10467

SOCIETY FOR CRYO-OPHTHALMOLOGY

The first annual clinical meeting of the Society will be held in the Dunes Hotel, Las Vegas, January 8 to 10, 1967.

Participants in the scientific sessions will include Drs. Charles Kelman, Harvey Lincoff, Michael Shea, Helen McPherson, David Sudarsky, Arthur Rinfret, Andrew de Roeth, and John Bellows. Luncheon speakers will be Dr. Jose I. Barraquer, of Bogota, Colombia; and Dr. B. Luyet, of Madison, Wisc.

The clinical aspects of cryo-ophthalmology will be stressed, including cataract, glaucoma, retinal detachment and herpetic keratitis.

Registration will begin at 4 p.m., Sunday, January 8, followed by an informal reception. The $10.00 fee will include one year's membership in the Society.

For further information, please write John G. Bellows, M.D., 30 N. Michigan Avenue, Chicago, Ill. 60602.